



Women's Own OB/GYN LLC

Hetal Gor MD, FACOG

180 Grand Avenue
Englewood, New Jersey 07631
Tel: (201)541-6868
Fax: (201)541-6869
hgornd@gmail.com



SculpSure®

Informed Consent Form

The SculpSure delivers laser energy to heat the deep layer of fat. The heat that is created damages the fat cells. The damaged fat cells are then eliminated by the body through your lymphatic system.

During the laser delivery the applicators cool the skin throughout the entire treatment. The cooling protects your skin while the energy heats your fat layer. When the treatment begins, it will feel warm, and over time the heat sensation will increase to short periods of intense deep heat. You may also experience some cramping, tingling, prickling or squeezing sensations deep in the fat layer. These sensations are normal and expected. These sensations indicate that the laser is effectively targeting and damaging the fat layer.

- The SculpSure is eye safe. There is no need to wear protective eyewear.
- Your skin might be slightly pink to red immediately after treatment. This may last for a few hours.
- Following the SculpSure treatment you may experience swelling and tenderness that typically lasts for approximately 2 weeks, but may last longer. You may also experience tissue firmness or nodules. Nodules can last for days to several months, depending on the size of the nodule. This side effect will resolve on its own.
- The treated areas should be massaged two (2) times a day for five to ten (5-10) minutes. There are no lifestyle restrictions following your SculpSure treatment. It is recommended to increase your water intake after treatment.
- You may use ice packs or Tylenol according to package instructions to help ease tenderness.
- I have been thoroughly and completely advised regarding the end point of the procedure. I understand that the practice of medicine is not an exact science and no results have been guaranteed. I acknowledge that the results may not meet my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) that I have requested and authorized.
- There is no guarantee that the expected or anticipated results will be achieved.

I have been informed that firmness, hardness, nodules, redness, tenderness, swelling, pain, and bruising, are the most common side effects. Other less common side effects which can occur are itching, skin contour irregularities, dimpling, hyperpigmentation/hypopigmentation, asymmetry, necrosis, changes in skin laxity, numbness, blister or burn. Rare occurrences of fainting or dizziness have been noted during and/or after the treatment. YES NO

I confirm that I have not had sun exposure within the last 7 days. YES NO

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly for such stated purposes without my permission. YES NO

Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction. YES NO

I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.

Consent for treatment of _____

Client: _____ Date: _____

Witness: _____ Date: _____



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Pre-Treatment / Post-Treatment Instructions

SculpSure Pre-treatment instructions:

- ❖ Avoid direct sun exposure to the treatment area 7 days before the treatment.
- ❖ Shower or bathe the day of treatment to prepare your skin for your SculpSure treatment. Your skin must be free of all lotions, creams, and body oils.
- ❖ It's a good idea to eat a small meal and drink a glass or two of water before your SculpSure treatment.
- ❖ If you have very thick hair in the treatment areas please trim or shave the areas at home before your SculpSure appointment.
- ❖ Be sure to discuss your medical history and medications you take with your treatment provider.

SculpSure Post-treatment instructions:

- ❖ You may experience mildly pink or red skin, tenderness or discomfort, swelling, tissue firmness or nodules in the treated areas. These are all expected side effects which usually resolve without medical intervention.
- ❖ Tenderness may occur as early as the day of treatment and can last two weeks or even longer.
- ❖ If needed, use a cold compress and/or acetaminophen to help relieve tenderness.
- ❖ Gently massage the area twice a day for 5-10 minutes. Massage should be continued until your next treatment or for 12 weeks if you have only one treatment.
- ❖ You may resume your normal daily activities, including exercise, immediately after your SculpSure treatment.
- ❖ Staying well hydrated and engaging in light physical activity helps mobilize the disrupted fat for processing through the lymphatic system. We encourage you to drink at least 6-8 glasses of water a day and take a daily walk or continue your regular exercise routine.
- ❖ Contact your physician if you have any concerns about your treatment areas such as increasing tenderness or swelling several days after your treatment, or if you develop blisters, hardened areas or nodules.



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Treatment Consultation Form

Patient Name: _____

Date: _____

Address: _____

City/State: _____

Gender: _____ Weight: _____ Age: _____

Phone: _____

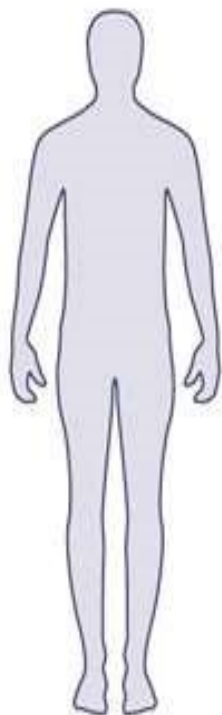
Email: _____

What are the patient's areas of concern? _____

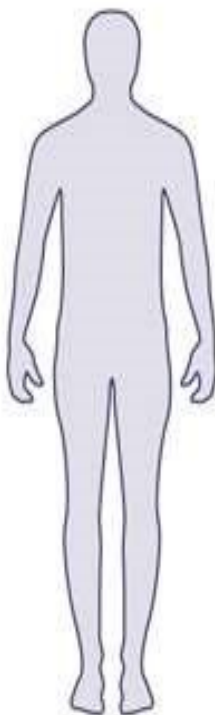
How did he/she hear about SculpSure? _____

Has your patient tried other fat loss methods? If yes, please list:

Is your patient preparing for any special events? _____



FRONT



BACK

Treatment Plan:

Abdomen

Frame Type(s): _____

of Treatments: _____

Flanks

Frame Type(s): _____

of Treatments: _____

Other _____

Frame Type(s): _____

of Treatments: _____

Total # Applicators: _____

Pricing:

Treatment Price: _____

Discount (if applicable): _____

Total: _____



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Treatment Record

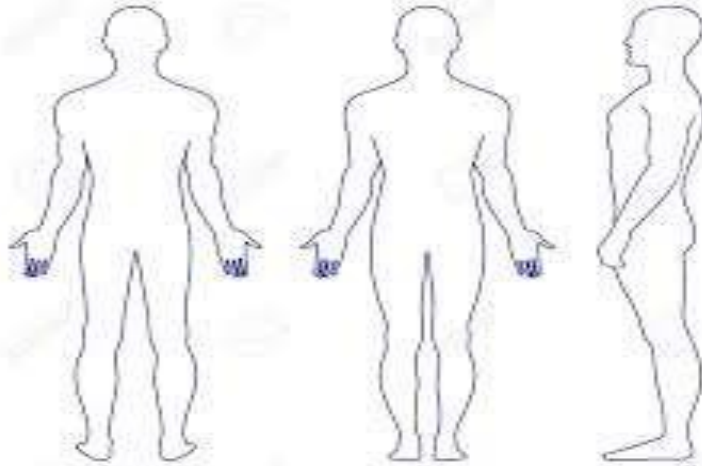
Client Name: _____ Date: _____

BMI: _____ Weight: _____ TX #: _____ Age: _____

Pre TX images taken: Yes No Number of PACs used: _____

TX AREA	Energy in Build (W/cm ²)	End Build Zone Score	Energy Adjustment /Zone 2 min	PAC #1 Watts/Zone	PAC#2 Watts/Zone	PAC#3 Watts/Zone	PAC#4 Watts/Zone

Notes:



Clinician Signature: _____ Date: _____